

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035932
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 102

FILED OCT 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF A
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boone Femme Twp.		c. CITY OR TOWN Higbee	
Length of stay in 1b 25 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#3		d. STREET ADDRESS (If outside, give location) R.R.#3	
3. NAME OF DECEASED (Type or print) First FRANKIE Middle BEATRICE Last MEAD		4. DATE OF DEATH Month Oct. Day 5, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/11/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Howard Co. Missouri
13a. FATHER'S NAME Timothy Dougherty		13b. MOTHER'S MAIDEN NAME Sallie Cline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of)		17. INFORMANT Address Mr Andy E. Mead Higbee, Missouri	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic cardiac failure DUE TO (b) Generalized arteriosclerosis DUE TO (c) 10 yrs		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1947	
21. I attended the deceased from Death occurred at 5:00 P.M.		and last saw her alive on Oct 2-1963	
22a. SIGNATURE John J. Shaw M.D.		22b. ADDRESS Fayette, Mo.	
22c. DATE SIGNED 10/7/63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/7/63	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	
23d. LOCATION (City, town, or county) Fayette, Missouri		23e. DATE RECD. BY LOCAL REG. 10-7-63	
23f. REGISTRAR'S SIGNATURE Ralph E. Carr		23g. REGISTRAR'S SIGNATURE Katherine Welch	

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 10-7-63

EX-102 2 120

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Jayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.